

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037991

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. \_\_\_\_\_

Registrar's No. 165

STATE FILE NUMBER

FILED OCT 16 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Union Township</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mile North Cleveland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY OR TOWN <u>Cleveland Mo.</u> d. STREET ADDRESS (If outside, give location)  Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ripley</u> Middle <u>Carlton</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>10</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-19-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Small Grain</u>	11. BIRTHPLACE (City and state or country) <u>Cleveland Mo. Cass</u>
13a. FATHER'S NAME <u>George R. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs Tessa Smith Cleveland Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema, Acute</u> DUE TO (b) <u>Coronary occlusion, acute</u> DUE TO (c) <u>Coronary arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>3 days</u> <u>3+ YRS.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from <u>Oct. 3, 1962</u> to <u>early</u> and last saw him alive on <u>Oct. 3, 1962</u> Death occurred at <u>6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>		22b. ADDRESS <u>BELTON, Mo.</u>	22c. DATE SIGNED <u>10-5-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-5-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Union</u>	23d. LOCATION (City, town, or county) (State) <u>Cleveland Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wallace Funeral Home Cleveland Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-62</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Seiber</u>

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300  
Rev. 4/59101902019034 05 167 08 29420110111290-0132-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision. \_\_\_\_\_

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James C Wallace*

Licensed Embalmer No.

*3921*

P. O. Address

*Pleasant Hill Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

\*If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.